

REVIEW OF THE REQUEST FOR DETERMINATION OF CRITICAL/URGENT CIRCUMSTANCES

Consumer Name: _____ Consumer DOB: _____ Consumer SSN: _____

Service Division: ID/RD ☐ Autism ☐ HASCI ☐ Gender: ☐Female ☐Male Service County: _____

Contact Name: _____ Contact Phone No: _____

DISPOSITION

Approved for Critical Needs Waiting List

- ☐ Abuse, Neglect, Exploitation
- ☐ Health & Safety of Consumer in Serious Jeopardy
- ☐ Health & Safety of Others in Serious Jeopardy
- ☐ Homelessness
- ☐ Recently lost primary caregiver
- ☐ Imminent risk of losing a primary caregiver
- ☐ Judicial admission to DDSN
- ☐ Primary caregiver age 80 or over with diminished capacity
- ☐ Other

Approved for Priority I Waiting List

- ☐ Behavioral Challenges that cannot be effectively met
- ☐ Medical Challenges that cannot be effectively met
- ☐ Other

APPROVED SERVICE LEVEL (INDIVIDUALS APPROVED FOR CRITICAL NEEDS LIST OR PRIORITY I WAITING LIST)

- Supports Intensity Scale (SIS Interview) ☐ Pre-service ☒ Post service
- ☐ HCB Waiver/In-home ☐ CTH-II ☐ CTH-I ☐ CRCF ☐ ECTH-I ☐ ICF/IID - Community
- ☐ SLP-I ☐ Alternative Placement ☐ SLP-II

Denied for Critical Needs Waiting List

- ☐ Risk factors present, but in-home services not attempted
- ☐ Risk factors present, but not sufficiently serious
- ☐ Non-DDSN service options not attempted
- ☐ No risk factors present
- ☐ Other: _____

Denied for Priority I Waiting List

- ☐ Risk factors present, but in-home services not attempted
- ☐ Risk factors present, but not sufficiently serious
- ☐ Non-DDSN service options not attempted
- ☐ No risk factors present
- ☐ Other: _____

SERVICE NEEDS (Individuals Approved for Critical Needs List or Priority I Waiting List)

- ☐ Exhibits Frequent/Intense Physical Aggression ☐ Requires 24 hour nursing/intense nursing ☐ Uses Wheelchair

ON-SITE FOLLOW UP REQUIRED

- ☐ Approved for Critical Needs List/More Preventive Efforts Should Have Been Taken
- ☐ Not Approved for Critical Needs List/Confirm Alternative Services Are Provided

District Crisis Coordinator

Date: _____

District Director

Date: _____